LOBBYIST ANNUAL REPORT FORM

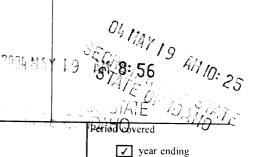


State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOI

LOBBYISTS (Sec. 67-6619)



(Type or print clearly) See instructions at bottom of page

Lobbyis	t's name and	permanent busin	ess ac	Idress				Date 1	prepared	2.7.3	- 1	Delda	Overed	(VA 115~1
John Kee								7/20/04				year ending		
650 Addison Avenue West														
Twin Falls, ID 83301) (Day) (Yr.)
Item	Total	ls of all reportal	ole as	znandituras mada a								12	31	04
L 	tegary of F	vnenditure	I I	spenditures made o										oloyer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported				Total Expenditure	Item 3, at bottom of									
Entertai	·				Employer No. 1			Employer No. 2		Employer No		b. 3 Employer No. 4		
Food and Refreshment				0.00	\$_			\$		\$			\$	
Living Accommodations				0.00										NAME OF THE OWNER, AND THE OWNER, AN
Advertis	sing		l _	0.00										
Travel				0.00									W.F.A.F. A.F	
Telepho	ne			0.00				_						
Office E	xpenses			0.00									-	The second secon
Other Expenses or Services				0.00				_					***	
		Total	s _	0.00	s _	0.0	00	\$ _	0.00	\$	0.	00	\$	0.00
Item	The totals	of each expendi	iture	of more than fifty o	lollars	(\$50) for a	legis	lator	or other holder o	f public o	ffice			
2	tem 2 The totals of each expenditure of more than fifty dollars (\$50) for a Date Place						mount Names of Legislators & Public Officials in Group						oup	
				N/A										
Co	ontinued on a	attached page(s)				<u> </u>								
	INSTRUCTIONS							Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code							No. 1 Magic Valley Regional Medical Center 650 Addison Avenue West, Twin Falls, ID 83301							
Filing deadline: Annual report is due on January 31st.							No. :	2						Ch. L. Control Market Control Control
TO BE FILED WITH:														
Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080							No.	3						
Phone: (208) 334-2852 Fax: (208) 334-2282								No. 4						

Item 4	ney or other tangible or intangible											
	personal property to any Leg Date Amoun		Amount		Name of Legislator Receiving or Benefited							
Item	Subje or Ho	ct matter of	-0- of proposed legislat	ion, the number of the Senate legislative activity in which		LEGISLATIVE SUI	зјест	IDENTIFICATION				
5	the Lo	obbyist w	as supporting or or	oposing.	Code	Subject	Code	Subject				
Subject (from 17	table)	Legislat	esolution or Other ive Ident. Number General	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affzirs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, reverue, budget, appropriations, bids, fees, funds Government, county Government, rounicipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospicals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				
CERTIFI orrect si	CCATIO	N: I here	by certify that the adance with Section	above is a true, complete and 67-6624 Idaho Code.		Employer No. 1 signature		Date 5/4/2004				
Mhn Ku						Employer No. 3 signature		Date				
onbyist signature Date					Employer No. 4 signature		Date					